

**BALTIMORE CITY ETHICS BOARD**

626 City Hall

Baltimore, Maryland 21202

Phone: 410-396-4730 Fax: 410-396-8483

<http://www.baltimorecity.gov/Government/BoardsandCommissions/EthicsBoard.aspx>

LATE FEE: \$2/DAY

**IMPORTANT:  
CAREFULLY READ  
ACCOMPANYING DIRECTIONS**

**FINANCIAL DISCLOSURE STATEMENT  
FOR  
BOARD AND COMMISSION MEMBERS**

**NOTE:** *Bold-italicized terms* are defined in the accompanying Financial Disclosure Directions, which should be reviewed carefully before completing this Statement.

**PART A. IDENTITY OF STATEMENT MAKER**

All filers:

Last Name Yang First and Middle Names Bernard C.

Principal Residence 1 [REDACTED] E. madison Street  
Baltimore, Maryland 21205

Residence Telephone (410) [REDACTED]

Board or Commission \_\_\_\_\_

Office Address \_\_\_\_\_

Office Telephone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**PART B. TYPE OF STATEMENT/REPORTING PERIOD COVERED**

All filers must check the applicable type of Statement and specify the year for which it is filed:

☒ Annual Statement ☐ Entry Statement ☐ Departure Statement

For Calendar Year 20 11.

Persons filing a Departure Statement must also complete the following {see Directions at Part III(c)(2)}:

This Statement also covers the period of January 1, 20\_\_ through \_\_\_\_, 20\_\_.

**PART C. RECEIPT BY ETHICS BOARD**

**NOTE:** To be completed only by Ethics Board.

This Statement and accompanying Schedules were received for filing on 4.27 20 12

[Signature]  
For Board of Ethics

## PART D. DISCLOSURES

### 1. INTERESTS IN REAL PROPERTY

During the **reporting period** covered by this Statement, did any of the following have any **interest** in any real property (including property purchased or leased as your or their personal residence) that (i) is located in Baltimore City, or (ii) wherever located, was purchased from or sold or leased to the **City** or was purchased from or sold or leased to an official or employee of the **City** or a **person** who does **business with the City** {or is regulated by or lobbies before the **City**}?

If you answer "yes" to any of these, complete and attach **Schedule 1**.

a. You

☒ Yes ☐ No

b. A **family member** (if you directly or indirectly controlled that **family member's interest**)

☐ Yes ☒ No

c. An **attributable entity**

☐ Yes ☒ No

d. A partnership, limited liability partnership, limited liability company, or other unincorporated entity in which you, a **family member** (if you directly or indirectly controlled that **family member's interest**), or an **attributable entity** held an interest

☐ Yes ☒ No

### 2. FINANCIAL INTERESTS IN BUSINESS ENTITIES DOING BUSINESS WITH CITY

During the **reporting period** covered by this Statement, did any of the following have any **financial interest** (i.e., at least 3% ownership or earnings of \$1,000/year) in any **business entity** that does **business with the City** {or is regulated by or lobbies before the **City**}?

If you answer "yes" to any of these, complete and attach **Schedule 2**.

a. You

☐ Yes ☒ No

b. A **family member** (if you directly or indirectly controlled that **family member's interest**)

☐ Yes ☒ No

c. An **attributable entity**

☐ Yes ☒ No

**3. POSITIONS WITH BUSINESS ENTITIES DOING BUSINESS WITH CITY**

During the **reporting period** covered by this Statement, did any of the following hold an office, directorship, salaried employment, or similar position with any **business entity** that does **business with the City** {or is regulated by or lobbies before the **City**}?

If you answer "yes" to any of these, complete and attach **Schedule 3**.

a. You

☒ Yes ☐ No

b. Your spouse or child

☒ Yes ☐ No

c. Your parent or sibling (to the extent known to you)

☐ Yes ☒ No

**4. GIFTS (INCLUDING TRAVEL EXPENSES) FROM PERSONS DOING BUSINESS WITH CITY**

During the **reporting period** covered by this Statement, did any of the following accept, directly or indirectly, any **significant gift** (including payment of travel expenses) from any **person** that (i) does **business with the City** {or is regulated by or lobbies before the **City**} or (ii) is an owner, partner, officer, director, trustee, employee, or agent of any **person** that does **business with the City** {or that is regulated by or lobbies before the **City**}?

If you answer "yes" to any of these, complete and attach **Schedule 4**.

a. You

☐ Yes ☒ No

b. A **family member** or other **person** at your direction

☐ Yes ☒ No

**5. DEBTS TO PERSONS DOING BUSINESS WITH CITY**

During the **reporting period** covered by this Statement, were any of the following indebted to any **person** that does **business with the City** {or is regulated by or lobbies before the **City**}?

**Note:** The following debts need not be reported: (i) utility accounts (e.g., telephone, gas, or electric accounts); or (ii) retail credit or installment sales accounts (e.g., credit card purchases or advances; car or appliance financing through dealer or established lender).

If you answer "yes" to any of these, complete and attach **Schedule 5**.

a. You

☐ Yes ☒ No

b. A **family member** (if you were involved in the transaction giving rise to the debt)

☐ Yes ☒ No

**6. FAMILY MEMBERS EMPLOYED BY CITY**

During the *reporting period* covered by this Statement, were any of the following employed by the *City*?

If you answer "yes" to any of these, complete and attach **Schedule 6**.

a. Your spouse or child

☒ Yes      ☐ No

b. Your parent or sibling

☒ Yes      ☐ No

**7. OTHER SOURCES OF EARNED INCOME**

During the *reporting period* covered by this Statement, were any of the following (i) a compensated employee of someone other than the *City*; (ii) the sole owner of a *business entity* from which income was earned during the reporting period; or (iii) a recipient of earned income from a *business entity* that does *business with the City* {or is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 7**.

a. You

☐ Yes      ☒ No

b. Your spouse or child

☐ Yes      ☒ No

**8. ADDITIONAL INFORMATION**

Is there any other interest or information that you would like to disclose?

If you answer "yes", complete and attach **Schedule 8**.

☐ Yes      ☒ No

**PART E. SIGNATURE AND AFFIRMATION**

I, Bernard C. Young, solemnly affirm under the penalties of perjury that the contents of this Statement and of all accompanying Schedules are true to the best of my knowledge, information, and belief.

Bernard C. Young  
(Signature)

**PART F. NOTARIZATION**

STATE OF MARYLAND  
CITY/COUNTY OF Baltimore

I CERTIFY that, on this 28<sup>th</sup> day of April, 2013, before me, a Notary Public in and for the City/County of Baltimore, personally appeared Bernard C. Young, who acknowledged that this Statement, the accompanying Schedules, and the preceding Affirmation were all his/her act.

AS WITNESS, my hand and Notarial Seal:

Ante Evans  
(Notary Public)

My Commission Expires: 9-30-15

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**SCHEDULE 1**  
**INTERESTS IN REAL PROPERTY**

NOTE: See Part D.1. for classes of property to be disclosed.  
For more than one property, make additional copies of this Schedule.

**1. LOCATION AND TYPE OF PROPERTY**

Address or Legal Description: 1506 E. Madison Street  
Baltimore, Maryland 21205

Type of Property:

☒ Improved ☐ Unimproved  
☒ Residential ☐ Commercial

Other (explain): \_\_\_\_\_

**2. HOLDER OF INTEREST**

Name: Darlene P. Young

Relationship to Statement Maker:

☐ Self ☒ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Attributable Entity  
☐ Unincorporated entity in which one of above held an *interest*

Address: 1506 E. Madison Street  
Baltimore, Maryland 21205

**3. NATURE OF INTEREST**

Type of *interest*:

☒ Fee simple ☐ Life Estate ☐ Leasehold Other (explain): \_\_\_\_\_

How held:

☐ Solely held ☒ Jointly held\*

\*If jointly held, state % of interest: 50%

SCHEDULE 1  
INTERESTS IN REAL PROPERTY

NOTE: See Part D.1. for classes of property to be disclosed.  
For more than one property, make additional copies of this Schedule.

1. LOCATION AND TYPE OF PROPERTY

Address or Legal Description: 934 N. Central Avenue  
Baltimore, Maryland 21202

Type of Property:

☒ Improved ☐ Unimproved  
☒ Residential ☐ Commercial

Other (explain): \_\_\_\_\_

2. HOLDER OF INTEREST

Name: Cynthia Young

Relationship to Statement Maker:

☐ Self ☐ Spouse ☐ Child ☐ Parent ☒ Sibling ☐ Attributable Entity  
☐ Unincorporated entity in which one of above held an *interest*

Address: 934 N. Central Avenue  
Baltimore, Maryland 21202

3. NATURE OF INTEREST

Type of *interest*:

☒ Fee simple ☐ Life Estate ☐ Leasehold Other (explain): \_\_\_\_\_

How held:

☐ Solely held ☒ Jointly held\*

\*If jointly held, state % of interest: 50%



**4. OTHERS WITH *INTEREST* IN PROPERTY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. HOW *INTEREST* ACQUIRED**

*Person* From Whom *Interest* Acquired:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Acquired: \_\_\_\_\_

Manner of Acquisition:

☐ Purchase    ☐ Gift    ☐ Inheritance

Other (explain): \_\_\_\_\_

**6. COST OF ACQUISITION**

Check the range that represents the amount paid for the *interest* or, if it wasn't acquired by purchase, its fair market value when acquired:

☐ Under \$25,000    ☐ \$25,000 to \$49,999    ☐ \$50,000 to \$74,999

☐ \$75,000 to \$99,999    ☐ \$100,000 and over

## 7. TRANSFERS

If all or any part of the *interest* was transferred (by sale, lease, or otherwise) to another during the period covered by the Statement –

Date of transfer: \_\_\_\_\_

Percentage of the *interest* that was transferred: \_\_\_\_\_%

If the transferee is the *City*, an official or employee of the *City*, or a *person* who does *business with the City* (or is regulated by or lobbies before the *City*), identify that transferee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SCHEDULE 2**  
**FINANCIAL INTERESTS IN BUSINESS ENTITIES DOING BUSINESS WITH CITY**

NOTE: For more than one *business entity*,  
make additional copies of this Schedule.

**1. IDENTITY OF BUSINESS ENTITY**

Name: \_\_\_\_\_  
Address of Principal Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. HOLDER OF FINANCIAL INTEREST**

Name: \_\_\_\_\_  
Relationship to Statement Maker:  
\_\_\_\_ Self    \_\_\_\_ Spouse    \_\_\_\_ Child    \_\_\_\_ Parent    \_\_\_\_ Sibling    \_\_\_\_ *Attributable Entity*  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE AND AMOUNT OF FINANCIAL INTEREST**

Type of *financial interest*:

\_\_\_\_ Sole proprietor    \_\_\_\_ General Partner    \_\_\_\_ Limited Partner    \_\_\_\_ Joint Venturer  
\_\_\_\_ Trust Beneficiary    \_\_\_\_ Trustor    \_\_\_\_ Reversionary Trust Interest  
\_\_\_\_ Stockholder    \_\_\_\_ Other (explain): \_\_\_\_\_

Amount of *financial interest*:

For a non-equity *interest* (e.g., notes or bonds) in any *business entity*, indicate –  
dollar value of the *interest* : \$ \_\_\_\_\_

For an equity *interest* in a publicly traded corporation, specify *either* –  
dollar value of the *interest* : \$ \_\_\_\_\_ *or*  
number of shares owned: \_\_\_\_\_

For an equity *interest* in a non-publicly traded corporation or other *business entity*, specify –

*either* –

dollar value of the *interest*: \$ \_\_\_\_\_ or

*both* –

number of shares/ownership units owned: \_\_\_\_\_ and

percentage of company ownership represented by the *interest*: \_\_\_\_\_%

#### 4. TRANSFERS

If all or any part of the *financial interest* was transferred to another during the period covered by the Statement –

*Person* to Whom Transferred:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of transfer: \_\_\_\_\_

Percentage of the *interest* that was transferred: \_\_\_\_\_%

#### 5. AGENCIES WITH WHICH *BUSINESS ENTITY* DOES BUSINESS

Identify each *City* agency with which the *business entity* is doing *business* and, as to each, the nature of that business, specifying, at a minimum, whether the *business entity* (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (ii) is a lobbyist with respect to matters before the agency:

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SCHEDULE 3  
POSITIONS WITH *BUSINESS ENTITIES* DOING *BUSINESS* WITH CITY

NOTE: For more than one *business entity* or more than one position holder,  
make additional copies of this Schedule.

1. IDENTITY OF *BUSINESS ENTITY*

Name: JOHNS HOPKINS HOSPITAL  
Address of Principal Office: 600 N. WOLFE STREET  
BALTIMORE, Maryland 21205

2. HOLDER OF POSITION

Name: Darlene P. Young  
Relationship to Statement Maker:  
☒ Self    ☐ Spouse    ☐ Child    ☐ Parent    ☐ Sibling  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF POSITION

Title: Referral Coordinator  
Date Started: April 2, 1984  
General Duties: coordinate appointments and insurance benefits  
\_\_\_\_\_  
\_\_\_\_\_

4. AGENCIES WITH WHICH *BUSINESS ENTITY* DOES BUSINESS

Identify each *City* agency with which the *business entity* is doing *business* and, as to each, the nature of that business, specifying, at a minimum, whether the *business entity* (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (ii) is a lobbyist with respect to matters before the agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Senator Catherine Pugh  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. RECIPIENT OF GIFT

Name: Bernard Yang

Relationship to Statement Maker:

☒ Self    ☐ Family member or other *person*, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe *gift*: 1 ticket to fundraiser for Senator Pugh (1.8.11)  
Retail value when received: \$ comp

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_



**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

**NOTE:** Provide the following information for each *significant gift* or series of *gifts* from the same *person* or entity. If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

**NOTE:** Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Delegate Scherod Barnes

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. RECIPIENT OF GIFT**

Name: BERNARD YOUNG

Relationship to Statement Maker:

☒ Self    ☐ Family member or other *person*, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe *gift*: 1 ticket to fundraiser for Delegate Barnes (1.9.11)

Retail value when received: \$ COMP

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: COUNCILMAN BILL HENRY  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. RECIPIENT OF GIFT**

Name: BERNARD YOUNG  
Relationship to Statement Maker:  
☒ Self    ☐ Family member or other person, at your direction  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe gift: 1 ticket to Councilman Henry's fundraiser (3.1.11)  
Retail value when received: \$ COMP

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other  
associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: St. Frances Academy  
Address: 501 E. Chase Street  
Baltimore, MD 212

2. RECIPIENT OF GIFT

Name: BERNARD Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other *person*, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe *gift*: 1 ticket to St. Frances Gala to honor Coach  
Retail value when received: \$ Comp. William Wells and William Gaudreau  
(4/29/11)

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: AFL-CIO UNION  
Address: 2701 W. PATAPSCO AVE.  
BALTIMORE, MD 21230

2. RECIPIENT OF GIFT

Name: Bernard Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other person, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: 1 ticket to COPE Dinner (5.3.11)

Retail value when received: \$ \_\_\_\_\_

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of gifts from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: The Maryland Jockey Club  
Address: 5201 PARK HEIGHTS AVENUE  
BALTIMORE, MARYLAND 21215

**2. RECIPIENT OF GIFT**

Name: BERNARD YOUNG

Relationship to Statement Maker:

☒ Self    ☐ Family member or other person, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe gift: 1 ticket to MD Jockey Club's CELEBRATION OF THE  
Retail value when received: \$COMP. PREAKNESS STAKES and ORIOLES GAME (5.19.12)

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of gifts from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Associated Black Charities  
Address: 1114 Cathedral Street  
Baltimore, Maryland 21201

**2. RECIPIENT OF GIFT**

Name: Bernard Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other *person*, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe *gift*: 1 ticket to Associated Black Charities Gala (6.11.11)

Retail value when received: \$ 175.00

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: VICTOR CORBIN (HOST)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. RECIPIENT OF GIFT**

Name: BERNARD YOUNG

Relationship to Statement Maker:

☒ Self    ☐ Family member or other *person*, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe *gift*: Ticket to fundraiser for Councilman Kraft (6/12/11)  
Retail value when received: \$ COMP

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: CANCILMAN WARREN BRANCH  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. RECIPIENT OF GIFT**

Name: Bernard Young  
Relationship to Statement Maker:  
☒ Self    ☐ Family member or other *person*, at your direction  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe *gift*: 1 ticket to Cancilman Branch's fundraiser (6.21.11)  
Retail value when received: \$COMP

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_



SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of gifts from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Councilman Carl Stokes  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. RECIPIENT OF GIFT

Name: Bernard Young  
Relationship to Statement Maker:  
☒ Self ☐ Family member or other person, at your direction  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: 1 ticket to fundraiser for Councilman Stokes (6.23.11)  
Retail value when received: \$ Comp.

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Councilman ROBERT CURRAN  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. RECIPIENT OF GIFT**

Name: Bernard Young  
Relationship to Statement Maker:  
☒ Self    ☐ Family member or other person, at your direction  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe gift: 1 ticket to Councilman Curran's Fundraiser (6.27.11)  
Retail value when received: \$ COMP

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other  
associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Delegate Sandy Rosenberg  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. RECIPIENT OF GIFT

Name: Bernard Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other person, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: 1 ticket to Del. Rosenberg's fundraiser (7.11.11)

Retail value when received: \$COMP

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Maryland Minority Contractors  
Address: 2473 Maryland Avenue  
Baltimore, Md. 21218

**2. RECIPIENT OF GIFT**

Name: Bernard Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other person, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe gift: 1 ticket to the Md. Minority Contractors  
Assoc. Business Man of the Year Dinner (7.15.11)  
Retail value when received: \$ 100

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other  
associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 4**  
**GIFTS FROM PERSONS DOING BUSINESS WITH CITY**

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

**1. IDENTITY OF PERSON MAKING GIFT**

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Friends of Patterson Park  
Address: 27 Patterson Park Avenue  
Baltimore, Maryland 21231

**2. RECIPIENT OF GIFT**

Name: Bernard Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other *person*, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. NATURE OF GIFT**

Describe gift: 1 ticket to Friends of Patterson Park fundraiser (9.22.11)  
Retail value when received: \$ Comp

**4. TRAVEL EXPENSES**

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Councilman Warren Branch  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. RECIPIENT OF GIFT

Name: Bernard Young  
Relationship to Statement Maker:  
☒ Self    ☐ Family member or other person, at your direction  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: 1 ticket to fundraiser for Councilman Branch  
Retail value when received: \$Comp (10.11.12)

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_  
Nature of Event: \_\_\_\_\_  
Fair Market Value of Entire Trip: \$ \_\_\_\_\_  
Amount Paid for by You: \$ \_\_\_\_\_  
Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Delegak Nathaniel oaks  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. RECIPIENT OF GIFT

Name: BERNARD YOUNG  
Relationship to Statement Maker:  
☒ Self    ☐ Family member or other person, at your direction  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: 1 ticket to Andraiser Rr Del. Oaks (10.19.17)  
Retail value when received: \$ \_\_\_\_\_

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other  
associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_  
Nature of Event: \_\_\_\_\_  
Fair Market Value of Entire Trip: \$ \_\_\_\_\_  
Amount Paid for by You: \$ \_\_\_\_\_  
Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of gifts from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Downtown Partnership  
Address: 217 N. Charles Street, #1  
Baltimore, MD 21201

2. RECIPIENT OF GIFT

Name: Bernard Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other *person*, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: Tickets to Downtown Partnership's Annual MTG. (10/26/11)  
Retail value when received: \$ Comp.

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_



SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: MERCY MEDICAL CENTER  
Address: 301 St. Paul Place  
Baltimore, MD 21202

2. RECIPIENT OF GIFT

Name: BERNARD YOUNG

Relationship to Statement Maker:

☒ Self    ☐ Family member or other person, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: 2 tickets to MERCY MAGIC (11.5.11)

Retail value when received: \$ 750

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other  
associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

SCHEDULE 4  
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for  
each *significant gift* or series of *gifts* from the same *person* or entity.  
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,  
the *significant gift* was given.

Name: Baltimore City Builders and Developers

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. RECIPIENT OF GIFT

Name: Bernard Young

Relationship to Statement Maker:

☒ Self    ☐ Family member or other person, at your direction

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. NATURE OF GIFT

Describe gift: 1 dinner @ Fogo de Chao (11.14.11)

Retail value when received: \$ \_\_\_\_\_

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Fair Market Value of Entire Trip: \$ \_\_\_\_\_

Amount Paid for by You: \$ \_\_\_\_\_

Amount Paid for by *Person* Identified in Section 1: \$ \_\_\_\_\_

**SCHEDULE 5**  
**DEBTS TO PERSONS DOING BUSINESS WITH CITY**

NOTE: For more than one *person* doing business with the City,  
make additional copies of this Schedule.

**1. IDENTITY OF CREDITOR**

Name: \_\_\_\_\_  
Address of Principal Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. DEBTOR**

Name: \_\_\_\_\_

Relationship to Statement Maker:

\_\_\_ Self      \_\_\_ Spouse\*      \_\_\_ Child\*      \_\_\_ Parent\*      \_\_\_ Sibling\*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Describe your involvement in transaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. DESCRIPTION OF DEBT**

Date Incurred: \_\_\_\_\_

Terms of Payment:

\$ \_\_\_\_\_ per

\_\_\_ Month      \_\_\_ Quarter      \_\_\_ Year

\_\_\_ Other (explain): \_\_\_\_\_

for \_\_\_\_\_ (number)

\_\_\_ Months      \_\_\_ Quarters      \_\_\_ Years

\_\_\_ Other (explain): \_\_\_\_\_

**4. SECURITY FOR DEBT**

☐ None

☐ Real Property (address): \_\_\_\_\_  
\_\_\_\_\_

☐ Personal Property (describe): \_\_\_\_\_  
\_\_\_\_\_

☐ Other (explain): \_\_\_\_\_  
\_\_\_\_\_

**5. PRINCIPAL BALANCE**

Check the range that represents the amount owed at the end of the *reporting period*:

☐ \$0      ☐ Under \$1,000      ☐ \$1,000 to \$9,999      ☐ \$10,000 to \$24,999  
☐ \$25,000 to \$49,999      ☐ \$50,000 and over

**SCHEDULE 6**  
**FAMILY MEMBERS EMPLOYED BY CITY**

**1. SPOUSE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**2. CHILD**

Name: Kendra Young  
Address: 242 S. Patterson Avenue  
Baltimore, Maryland  
Name of Agency: St. Vincent de Paul Head Start  
Title and Nature of Position: Lead Teacher  
\_\_\_\_\_

**3. PARENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**4. SIBLING**

Name: Cynthia Young  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: MOIT  
Title and Nature of Position: CUSTOMER SERVICE AGENT I  
\_\_\_\_\_

**SCHEDULE 6**  
**FAMILY MEMBERS EMPLOYED BY CITY**

**1. SPOUSE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**2. CHILD**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**3. PARENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**4. SIBLING**

Name: GREGORY LIVINGSTON  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: HABC  
Title and Nature of Position: HUMAN RESOURCES GENERALIST II  
\_\_\_\_\_

**SCHEDULE 6**  
**FAMILY MEMBERS EMPLOYED BY CITY**

**1. SPOUSE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**2. CHILD**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**3. PARENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Title and Nature of Position: \_\_\_\_\_  
\_\_\_\_\_

**4. SIBLING**

Name: Carlos Young  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Agency: DPW  
Title and Nature of Position: LABORER  
\_\_\_\_\_

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**SCHEDULE 7  
OTHER SOURCES OF EARNED INCOME**

**1. STATEMENT MAKER**

Name of Statement Maker: \_\_\_\_\_

**Business Entity's Name and Address:** \_\_\_\_\_

Title and Nature of Position: \_\_\_\_\_

**2. SPOUSE**

Name of Spouse: Darlene P. Young

**Business Entity's Name and Address:** JOHNS HOPKINS HOSPITAL

600 WOLFE STREET

Baltimore, Maryland 21205

Title and Nature of Position: PATIENT SERVICES COORDINATOR

**3. CHILD**

Name of Child: KENDRA C. YOUNG

**Business Entity's Name and Address:** St. Vincent de Paul HEAD START

242 S. Patterson Park Ave.

Baltimore, Maryland 21205

Title and Nature of Position: Lead Teacher

**4. CHILD**

Name of Child: \_\_\_\_\_

**Business Entity's Name and Address:** \_\_\_\_\_

Title and Nature of Position: \_\_\_\_\_

**5. CHILD**

Name of Child: \_\_\_\_\_

*Business Entity's* Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title and Nature of Position: \_\_\_\_\_

\_\_\_\_\_

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